

OFFICE SYMBOL

Date

MEMORANDUM FOR Commander, *(Unit)*

SUBJECT: Soldier Action Plan for the Army Body Composition Program

1. I, *(Soldier's name)*, understand my responsibilities to meet the Army body fat standards and to have my body fat measured and recorded monthly until I meet standards per AR 600-9.
2. I have read USAPHC TG 358 (Army Weight Management Guide) and familiarized myself with the contents. In addition, I understand it is my responsibility to take action and seek out resources to improve my eating choices, as necessary, to assist in meeting Army readiness requirements.
3. I have reviewed the Fit For Performance Nutrition Handouts and Resources found on <https://phc.amedd.army.mil/topics/healthyliving/n/Pages/FFP.aspx>.
4. I have selected one of the following weight loss or nutrition counseling options as outlined in USAPHC TG 358:

Option A: Weight loss program at the installation medical Treatment facility (MTF)
Appointment: *(month/day/year)* at *(time)*

Option B: Registered dietitian visits (if MTF does not have a weight loss program)
Appointment: *(month/day/year)* at *(time)*

Option C: Approved online weight loss program (at own expense) Name of program: *(program name)*

Option D: Approved commercial weight loss program (at own expense) Name of program: *(program name)*

Option E: Self-directed program (attach program plan)

Paragraph 5 is an additional requirement for Active Component and Reserve Component Soldiers on active duty only.

5. Per AR 600-9, I have scheduled an appointment with a registered dietitian or health care professional, in the absence of a registered dietitian, at the MTF for nutrition and weight loss education within 30 days of counseling by the commander. I will bring a copy of my Soldier Action Plan to the dietitian appointment for review. Appointment Date: *(month/day/year)* at *(time)*

6. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in USAPHC TG 358 and as indicated above.

Soldier's signature
Soldier's name
Rank, (Branch or USA)

Commander's signature
Commander's name
Rank, Branch
Commanding

Option E: Self Directed Program

In addition to tracking your food intake and increasing physical activity, picking 2-3 additional goals is recommended to start with:

Goals:

- Track food intake using food log on **phone/computer/paper journal**
 - Aim for **1200/1400/1500/1600/1700/1800/2000** calories/day
 - Eat at least **3** times/day
 - Don't go more than 3-6hrs without eating a meal or snack
 - Reduce eating out to **1/3/5** times/week
 - Half my plate non-starchy vegetables at lunch and dinner
 - Increase non-caloric beverage consumption to **>64oz/day**
(Non-caloric beverages are <10calories/8oz and include beverages such as water, unsweetened tea, diet soda)
 - Act as designated driver until removed from the weight management program
 - Engage in a variety of cardiovascular exercises **60/90/120** minutes **5/6/7** days/week
 - 10/15/20/30** minutes/day Elliptical
 - 10/15/20/30** minutes/day Bike
 - 10/15/20/30** minutes/day Treadmill
 - 10/15/20/30** minutes/day Stairclimber
 - 10/15/20/30** minutes/day Swimming
 - 10/15/20/30** minutes/day Rowing
 - 30/60/90/120** minutes/day Walking
 - Engage in 30-45min strength training 2-3x/wk
 - Aim for **10,000/15,000** steps/day
 - Reduce non-work related screen time (TV, Computer, Phone, Video Games) to less than **2hrs/day**
 - Get at least **6-8hrs** sleep and follow a consistent sleep pattern nightly
 - Monitor weight change weekly
 - Monitor body fat circumference measurements monthly
- | | | | |
|--------------------|-------------|------------|-------------|
| Neck _____ | Waist _____ | Hip _____ | Chest _____ |
| Right: Bicep _____ | Thigh _____ | Calf _____ | |
| Left: Bicep _____ | Thigh _____ | Calf _____ | |
- Re-evaluate plan and goals in 1-2 months